

Each week, the World Health Organization Health Action in Crises in Geneva produces information highlights on critical health-related activities in countries where there are humanitarian crises. Drawing on the various WHO programmes, contributions cover activities from field and country offices and the support provided by WHO regional offices and headquarters. The mandate of the WHO departments specifically concerned with Emergency and Humanitarian Action in Crises is to increase the effectiveness of the WHO contribution to crisis preparedness and response, transition and recovery. This note, which is not exhaustive, is designed for internal use and does not reflect any official position of the WHO Secretariat.

GEORGIA



See WHO/EURO's [statement on the situation in South Ossetia](#).

- ⇒ WHO urges all parties to respect the neutrality of health facilities, staff and ambulances and to enable all victims to reach medical care.
- ⇒ An inter-agency meeting on the crisis chaired by the DERC was held on 12 August.
- ⇒ UN agencies will launch a Flash Appeal on 18 August focusing on emergency life-saving assistance for the coming 4 to 6 months.
- ⇒ The ICRC has launched a US\$ 7.4 million appeal to meet the needs of around 50 000 people.

Assessments and Events

- The official death toll is 175, mostly civilians. Unofficial estimates put the number of injured at about 500, increasing the need for trauma care. An estimated 60 000 people have been displaced from both South Ossetia and the neighbouring areas. Many will return as roads are opening but 15 000 to 20 000 are expected to remain in IDP centres across Georgia.
- Expected health needs include the provision of water, food and medical supplies. Everything is operational in Tbilisi. Georgia has not requested international humanitarian assistance. Authorities in the Russian Federation are managing the health needs of people who have entered into their territories.

Actions

- Georgia's MoH is coordinating the entire humanitarian assistance effort.
- The WHO Regional Office for Europe (EURO) is collaborating with HAC to monitor the situation through the Country Office in Georgia and the North Caucasus Field Office in Vladikavkaz (Russian Federation).
- International humanitarian work is coordinated by the UN Country Team in Georgia and by the OCHA-led inter-agency group at the international level. EURO recruited an emergency health coordinator for the Country Office and experts from EURO and headquarters will soon join the Country Team.
- In Russia, the WHO Country Office visited the central district hospital in Alagir and reports that all necessary health services were functioning normally. WHO also visited the MoH where it distributed technical guidelines on *The provision of health care services in settlements, Mental health in emergencies and The management of dead bodies in disaster situations*.
- WHO emergency activities are so far supported by its regular budget.

HORN OF AFRICA



See also the [weekly update for Ethiopia](#)
 See also the [Somali Health Cluster Bulletin](#)

- ⇒ In *Ethiopia*, current humanitarian needs for health and nutrition are estimated at US\$ 25 million. WHO is preparing two proposals on the Somali response and water quality control in drought- and AWD- affected areas for funding from the Humanitarian Regional Fund.
- ⇒ In *Somalia*, deteriorating security has forced several agencies to reduce their activities. Twenty aid workers have been killed this year and many others have been kidnapped.
- ⇒ In *Eritrea*, WHO is requesting US\$ 644 000 from the CERF to reduce avoidable morbidity and mortality from acute malnutrition in Southern Red Sea and Gash Barka regions.

Assessments and Events

- In *Ethiopia*, the number of people requiring emergency food aid is expected to rise again, particularly in the south and south-east where pastoralists and agro-pastoralists remain highly food-insecure due to persistent below-average rains, flooding, armed violence, difficult access to humanitarian assistance and high food and energy prices. The number of feeding centres has increased from 200 to more than 600 in three months and more than 26 500 admissions to out- and in-patient therapeutic centres were reported during that period.
- In *Eritrea*, poor seasonal rains, compounded by a 300% increase in the price of wheat, are creating a health and nutrition crisis for the most vulnerable populations. Global acute malnutrition ranges between 46 and 54% among women, increasing the risk for life threatening complications during pregnancy and delivery, and between 11 and 21% among children under five. The most vulnerable communities cope with the crisis by migrating, but this further limits their access to life-saving support such as immunization, antenatal and delivery care, and expose them to increased risks of communicable diseases.
- In *Somalia*, close to half the population is at risk. In Lower Shabelle, heavy rains have displaced more than 5000 people in Kurtunraway and Afgooye.
- In *Kenya*, health partners are withdrawing from the camps leaving the MoH in charge of addressing the health needs of IDPs in Nakuru, Naivasha and Eldoret. About 120 000 people remain in transit sites or camps. In Wajir and Isiolo, an outbreak of leishmaniasis has affected more than 130 and killed nine since April. The number of cases is probably higher because of poor reporting. High levels of malnutrition and low immunity make local communities, especially children under five, more vulnerable to the disease.

Actions

- In food insecure areas of *Ethiopia*, WHO continues to support training on the management of severe malnutrition. WHO's US\$ 350 000 project has been granted by the CERF Secretariat to strengthen the response to malnutrition. WHO also received funding from ECHO for outbreak response activities, and

⇒ Kenya and Eritrea are on the list of countries recommended for allocations for the food crisis by the CERF.

- the implementation of meningitis response through Canada's contribution of US\$ 3.5 million is well under way.
- In *Eritrea*, recent WHO interventions in health and nutrition funded by the CERF, DFID and ECHO have helped increase immunization coverage to over 70% and initiate primary health care and community-based control for the most common diseases and conditions, such as pregnancy and malnutrition. WHO is applying for a CERF grant to help the MoH scale up these interventions, consolidate them and integrate them into existing health services in Southern Red Sea and Gash Barka regions.
- In *Kenya*, WHO pre-positioned medical kits in the Rift Valley and North-Eastern provinces. In Wajir and Mandera, WHO recommended training on the diagnosis of leishmaniasis, often mistaken for severe malnutrition.
- In *Somalia*, WHO and health partners are maintaining the best possible health services to IDPs and other vulnerable groups despite insecurity. In Lower Shabelle, WHO, CONCERN, CARE and other Health Cluster partners are monitoring the situation and are ready to intervene.
- WHO's emergency work in the Horn of Africa (Ethiopia, Somalia, Djibouti, Eritrea, and Kenya) is funded by Canada, ECHO, the United Kingdom, the CERF and the local Humanitarian Response Fund. Djibouti.

WEST AFRICA



More information on West Africa:
www.who.int/hac/crises/international/wafrica/en/index.html

- ⇒ Heavy rains are forecasted to persist until September, exacerbating health concerns. The destruction of agriculture lands and loss of crops aggravates the food security crisis in the region.
- ⇒ Burkina Faso, Mali, Niger and Nigeria are on the WHO list of priority countries for the [Global Food Security Crisis](#).
- ⇒ Niger and Burkina Faso are both on the CERF list of countries recommended for allocations for the food crisis.
- ⇒ Flash Appeals are being launched in Togo and Benin.

Assessments and Events

- The seasonal floods across West Africa have so far displaced about 200 000 people, intensifying health risks of communicable diseases and malnutrition.
- Benin, Togo, Niger, Mali, Mauritania and Burkina Faso need urgent assistance. In Benin, 150 000 people are displaced in and around Cotonou. In Niger, 24 000 people are displaced and more than 2000 homes destroyed in Zinder. In Togo, 12 000 people are displaced and 1500 homes are destroyed in the south.
- Flood waters have caused widespread damage to bridges, roads, railway lines and other infrastructure and are expected to keep rising.
- The rains have caused damages also in Sierra Leone, Liberia and Guinea-Bissau. Northern Ghana may be invested by flash floods should the Bagri dam in Burkina Faso be opened to release pressure.
- There are fears of malaria, diarrhoeal diseases and respiratory infections, especially among children. Food insecurity is expected to worsen with the floods. There are reports from Niger indicating a more than 100% rise in admissions in therapeutic feeding centres from May to July.

Actions

- WHO is providing essential medicines and monitoring the health status and needs of the most vulnerable. Basic medical supplies to treat 60 000 people for three months have been pre-positioned in the region. WHO is also promoting disaster preparedness actions to minimize damage caused by flooding.
- WHO mobilized supplies and funds from Norway and provided cash to purchase goods on the local market.
- WHO's relief and recovery activities in the region are funded by its regular budget, Ireland, Norway, Spain, ECHO and UNHCR. The Organization is also assisting countries to raise other funds for health relief priorities.

SUDAN



- ⇒ Floods are also expected in greater Darfur, Kordofan, and Blue Nile plains.
- ⇒ Sudan is on the WHO list of priority countries for the [Global Food Security Crisis](#). In Sudan, 18% of children aged

Assessments and Events

- In *east Sudan*, floods in western Gadarif are affecting close to 47 000 people. Acute watery diarrhoea outbreaks are limited to Gadarif and the number of cases is decreasing. Last week, 13 new cases and one death were reported, bringing the total number of cases to 62 and deaths to two. Cases of dengue fever and hepatitis E are also decreasing with only six new cases and three deaths reported last week.
- In *North Darfur*, floods from 5-10 August in Dankog and Algabal have affected nearly 4000 people and destroyed around 500 latrines. There is only one primary health care centre in the locality but so far the health situation has remained stable with no reported increase in communicable disease.

Actions

- In *east Sudan*, WHO is following the evolution of acute watery diarrhoea, dengue fever and hepatitis E and supports the local health authority in containing the outbreaks. WHO and partners provided supplies and initiated health education and vector control in Gadarif.
- Following the recent floods, humanitarian partners are conducting health assessments, monitoring needs and threats, providing supplies and supporting activities for environmental health and health promotion.

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under five suffer from acute malnutrition (wasting) and 48% are chronically malnourished (stunted). In the South, severe acute malnutrition reaches 2.7%.

- In *North Darfur*, WHO and partners undertook a rapid assessment of the flood-affected areas, delivered drugs, health education and hygiene pamphlets and mosquito nets as well as environmental health and chlorination supplies. Refresher training on water chlorination was organized.
- In cooperation with the State MoH and partner NGOs, WHO is planning how to fill the gap left by the withdrawal of MSF-Switzerland from Tawila and Shangil Tobayi. WHO is also working with partners to remedy to the lack of health services in the area from West ZamZam to Gabal Mara which is straining the single health facility in Kunjara, that is supported by Relief International.
- In *South Darfur*, WHO provided medical equipment to the Tullus rural hospital to improve the quality of health services.
- In *Darfur*, WHO is leading negotiation with UN agencies and partners to provide treatments and HIV/AIDS nutrition packages to patients with sexually transmissible infections.
- WHO's activities in Sudan are supported by the regular budget, the CERF, the Common Humanitarian Fund, ECHO, Finland, Ireland, Italy and USAID.

CHAD



- ⇒ The CERF allocated US\$ 6.8 millions to Chad for under funded emergency. Consultations are ongoing among the various cluster to decide on the repartition of the funds. As of 31 July, 307% of the CAP 2008 requirements had been funded.
- ⇒ On 12 August, Health and Nutrition Cluster partners met to discuss the allocation of funds. Based on the latest CERF allocation for Chad, WHO will promote three projects in the east: reducing mortality among malnourished children in Abeche hospital; strengthening the Health Cluster and ensuring access to health to IDP and local communities in areas not yet covered.

Assessments and Events

- In the east, flash floods have killed at least three people and washed away houses. Also floods killed four people in the southern city of Sarh.
- Torrential rains in N'Djamena have flooded parts of the suburbs and destroyed 950 houses and buildings. More than 360 households are affected. Media reports said the central hospital's wards are crowded with people suffering from severe diarrhoea, dehydration and malaria.
- The outbreak of hepatitis E in Dogdore IDP site has affected 791 people and killed eight between 1 January and 10 August. In the same camp, 14 cases of neonatal tetanus were reported between 21 January and 10 August. The rise in notified cases is probably due to better detection and reporting.
- In Aradib IDP site, 17 cases of acute watery diarrhoea and one related death were reported between 31 July and 6 August.
- In Goz Beida, a new case of acute flaccid paralysis was reported at the end of July. Sample analysis is ongoing at the Institut Pasteur. Nine cases of polio have been reported this year, including four in the east.

Actions

- In N'Djamena, no request for assistance has been made and the MoH has taken measures against waterborne diseases. WHO is monitoring the situation.
- In Sarh, WHO participated in a joint UN mission to assess the needs of the affected populations. WHO is providing to the local hospital artemisin-based combination therapies and rapid tests for malaria as well as zinc tablets for diarrhoea among children, Ringer Lactate and two kits of essential drugs and supplies for common conditions. A second visit is planned for 19-22 August.
- In Dogdore, WHO, UN and NGO partners are working to improve hepatitis E surveillance and control, with special focus on early detection and management of cases, sensitization of health workers and communities, chlorination of water sources and rehabilitation and construction of latrines. A vaccination campaign against tetanus for women of childbearing age is planned for 19 August.
- WHO's emergency response is funded by the its own budget, Finland and ECHO. Chad is selected for the second round of under-funded emergency funding from the CERF.

PHILIPPINES



Assessments and Events

- In the southern island of Mindanao, fresh fighting between governments troops and separatist rebels occupying 22 villages in Cotabato province has displaced 160 000 people. Only about 10% of the displaced people are in evacuation centres as most are staying with relatives or friends. Displaced people have reportedly begun returning to their villages.
- There have been no reported disease outbreaks among the displaced population staying in evacuation centres or with their relatives.
- Reportedly, fighting is delaying the deployment of Philippines Red Cross staff to Palimbang, stricken by an outbreak of cholera.
- No request for international assistance has been made so far.

Actions

- The Department of Health has been responding to the needs of the displaced, providing shelter, food and health care, but the National Disaster Coordinating

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	<p>Council is requesting more food, tarpaulins, medical supplies, mats, sleeping bags, hygiene sets and portable toilets.</p> <ul style="list-style-type: none"> Local health authorities are planning a measles immunization campaign. WHO is following the cluster approach together with its national and international partners.
<p>VIET NAM</p> 	<p>Assessments and Events</p> <ul style="list-style-type: none"> Tropical Storm Kammuri caused massive flash floods and landslides in the north, affecting particularly Lao Cai, Yen Bai and Phu Tho provinces. As of 14 August, 97 people were reported dead, 38 injured and 44 missing. The Government estimated about 800 houses collapsed or were swept away and nearly 17 900 homes as well as dykes, bridges and roads were destroyed. Two provincial hospitals and 17 health centres are damaged. Several health facilities are inaccessible due to floodwaters and damaged bridges. Severe weather is hampering army-led rescue efforts. Authorities are waiting for reports on food, water, and shelter needs and other health care requirements. <p>Actions</p> <ul style="list-style-type: none"> WHO provided 100 emergency health kits to Lao Cai and Yen Bai provincial health authorities, including essential drugs and supplies for emergency care, life jackets and water purification tablets. WHO is coordinating assessment, monitoring and technical support with the MoH and finalizing the list of health emergency requirements. WHO participates in state-run and UN disaster response meetings to update participants on the damages to health facilities and other health requirements. WHO supports the deployment of technical experts, including one from the Hanoi School of Public Health, to affected areas to help assess health needs.
<p>LAO PEOPLE'S DEMOCRATIC REPUBLIC</p> 	<p>Assessments and Events</p> <ul style="list-style-type: none"> Following abundant rains, the Mekong River flooded several areas of the capital Vientiane. Other rivers are reaching alarming heights. So far, seven provinces have been affected. Four people have died, but there are no confirmed casualties or damages to health facilities. Common colds, conjunctivitis, diarrhoea, skin diseases and injuries are reported. <p>Actions</p> <ul style="list-style-type: none"> The Government collaborates with the UN agencies, NGOs and other partners on disaster preparedness and response. The MoH is monitoring the situation and deploying medical teams and health supplies to affected areas. WHO is coordinating with the MoH and health partners to assess needs and provide technical support in affected areas.
<p>INTER-AGENCY ISSUES</p> <ul style="list-style-type: none"> The inter-agency Central Asia Taskforce met on 12 August. The International Disaster and Risk Conference will be held in Davos on 25 August. Gender. The IASC Gender Sub-Working Group e-learning initiative will meet on 28 August and the Sub-Working Group on 3 September. A face-to-face Sub-Working Group meeting will be held in New York on 6-7 October. The UN Executive Committee on Humanitarian Affairs will meet on 5 September. Clusters. <ul style="list-style-type: none"> A global cluster lead meeting with the World Economic Forum will be held on 9 September. A workshop on the cluster approach will be held in Bujumbura, Burundi (date to be confirmed). The 85th UN Civil-Military Coordination training course will be held in Constanta, Romania, on 14-19 September. An IASC expert meeting on climate change and migration/displacement will be held in Geneva on 15 September. A inter-agency preparatory meeting for the sixth Emergency Directors Meeting (Rome, 18 November) will be held on 15 September. The first meeting of the Education Cluster Working Group will be held in London on 24-25 September. 	

Please send any comments and corrections to crises@who.int

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